

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) DAVID R. FORT RSC Rep 5
 Office (if applicable)
 Mailing Address (include city and zip code) 801 Riverside Dr. Reno NV 89503 District (if applicable) 329-7557
 Telephone No.
 E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004
 Period: January 1, 2003 - December 31, 2003

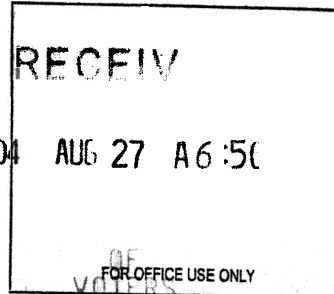
☒ Report #1 - Due August 31, 2004
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004
 All others Period: Jan. 1, 2004 - Aug 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☐ Report #2 Due - October 26, 2004
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005*
 Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005
 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

| This Period | Cumulative From Beginning of Report Period #1 through End of This Reporting Period |
|-------------|--|
| <u>0</u> | <u>0</u> |
| <u>0</u> | <u>0</u> |

- Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
- Total Value of In Kind Contributions Received in Excess of \$100

| This Period | Cumulative From Beginning of Report Period #1 Through End of This Reporting Period |
|-------------|--|
| <u>0</u> | <u>0</u> |
| <u>0</u> | <u>0</u> |

EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

| This Period | Cumulative From Beginning of Report Period #1 through End of This Reporting Period |
|-------------|--|
| <u>0</u> | <u>0</u> |
| <u>0</u> | <u>0</u> |
| <u>0</u> | <u>0</u> |

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (Print) DAVID R. FORD Office (if applicable) RJC Rep 5 District (if applicable)
 Mailing Address (include city and zip code) 801 Riverside Dr Reno, NV 89503 Telephone No. 329-7557

E-Mail Address _____

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

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CONTRIBUTIONS SUMMARY

Total Monetary Contributions Received in Excess of \$100

2. Total Monetary Contributions Received of \$100 or Less

3. Total Amount of Monetary Contributions Received

(Add Lines 1 and 2)

4. Total Value of In Kind Contributions Received in Excess of \$100

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100

6. Total Monetary Expenses Paid of \$100 or Less

7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)

8. Total Value of In Kind Expenses in Excess of \$100

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

Oct 21 '04 PM 2:54

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) DAVID R. FRO RSC Rep 5
 Office (if applicable) 801 Riverside Dr. Gene NV 89503 District (if applicable) 329-7227
 Mailing Address (include city and zip code) Telephone No.

E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL. PRY ☐ IND. EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004

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| <u>0</u> | <u>0</u> |

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(Add Lines 1 and 2)

4. Total Value of In Kind Contributions Received in Excess of \$100

0

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6. Total Monetary Expenses Paid of \$100 or Less

7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)

8. Total Value of In Kind Expenses in Excess of \$100

0

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